

12-27-04

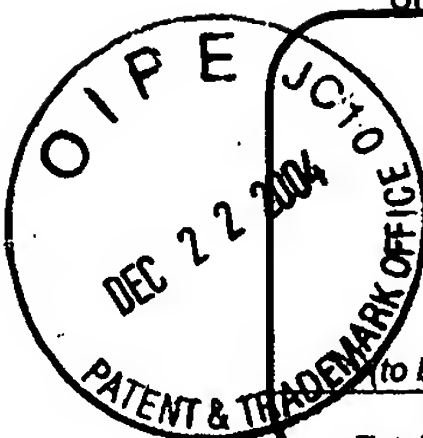
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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/651,628

Filing Date 09/02/2003

First Named Inventor FEHER, Steve

Art Unit Unknown

Examiner Name Unknown

Attorney Docket Number 04-15048

ENCLOSURES (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | <input type="checkbox"/> Remarks | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Lauson & Associates		
Signature			
Printed name	Robert J. Lauson, Esq.		
Date	December 21, 2004	Reg. No.	41930

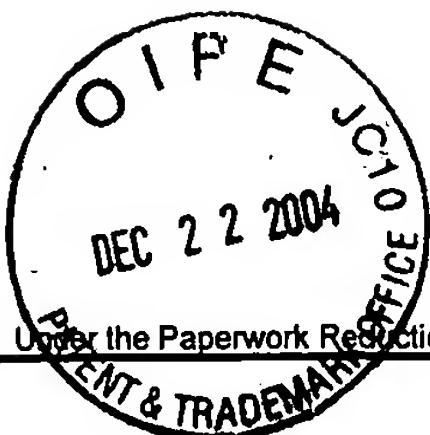
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Typed or printed name	Robert J. Lauson, Esq.	Date	12/21/2004

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PTO/SB/81 (06-04)

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**POWER OF ATTORNEY
and
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INDICATION FORM**

Application Number	10/651,628
Filing Date	09/02/2003
First Named Inventor	Feher
Title	Temp. Cond. Apparatus
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	04-15048

I hereby appoint:

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below)

Name Steve Feher

Signature

Date July 21, 2004

Telephone (808) 395-8742

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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